

APPLICATION FOR PERMIT- FIREWORKS/RETAIL DEALER

DETROIT FIRE DEPARTMENT FIRE MARSHAL DIVISION

250 W. Larned Street, Detroit, Michigan 48226
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only

Fee Paid: _____
Bond: _____
App. #: _____ Permit #: _____

PLEASE TYPE OR PRINT LEGIBLY:

1. Name of person applying on behalf of applicant: _____
2. Position: _____
2. Applicant's Business/Company Name: _____
3. Applicants Business Address: _____
4. Office Phone: _____ Alternate Phone: _____ Fax: _____
5. Site (Permit Location) Address: _____
6. Name and phone number of company delivering Fireworks to site: _____
7. Dates and times fireworks/pyrotechnics will be delivered to display site (attach separate sheet if necessary):

8. List material(s) and amount(s) for which permit is requested at this Site (attach separate sheet if necessary):

9. Attach plans/drawings with detail of where and how the materials will be stored on the premises.
10. Attach a copy of the applicant's current valid state drivers license and training certifications in the handling of explosive materials.
11. Attach a copy of your current valid Detroit Fire Marshal, Fireworks/Retail Dealer, Certificate of Fitness :
12. Attach a current copy of the liability/property damage certificate of insurance and bond.
13. During the past five years have you or anyone employed by applicant been indicted for or convicted of a crime punishable by imprisonment for a term exceeding one (1) year? If so who and what crime?

AFFIDAVIT OF PERSON APPLYING ON BEHALF OF APPLICANT

State of Michigan)
County of _____) ss

_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal to grant, or revocation of the permit. I agree to a criminal background check of me by the issuing Authority or his/her designee.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____, _____.

Print Name: _____, Notary Public, _____ County

My Commission expires: _____